

2013-2014 PARENT NON-FILER FORM

This form should be completed if your parent(s) are *not* required to file an income tax return for the 2012 calendar year. Please attach any W-2 Form(s) received for wages earned in 2012.

Tax returns include 2012 U.S. IRS Forms 1040, 1040A, 1040EZ, tax returns from Puerto Rico, or foreign income tax returns.

| Name of AMS Student: | Banner ID: | Class Year: |
|-------------------------------------------------|--------------------------------------------------------|-------------|
| I/We, the parents of the above-named s | student will not be required to file a 2012 tax return | |
| I/We, the parent(s) of the student listed above | e will not file a tax return or the following reasons: | |
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| | | |
| I/We, the parent(s) of the student listed above | a carnad the following income in 2012 | |
| | rnings/Income in 2012: | |
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| | | |
| N. CD. ((I.)) | | |
| Name of Parent (please print): | | |
| Signature: | Date: | |
| If you are married, your spouse must sign belo | ow: | |
| | | |
| Name of Parent (please print): | | |
| Signature: | Date: | |

Please return this form along with attached documentation to:

Alpert Medical School Office of Financial Aid Box G-M123 Providence, RI 02912-9706 email: MD_FinAid@brown.edu

phone: 401-863-1142 fax: 401-863-5113